

**Indiana Family and Social Services Administration
Division of Mental Health and Addiction**

Prevalence of Mental Illness and Addiction

Overview

Prevalence is the frequency that a particular condition may be observed within a specified group. It is possible to estimate the prevalence of hurricanes in the U.S. between the months of June and November by measuring historical events within identifiable weather patterns and estimating future events based on these data. This type of measurement is within the arena of statistical probability theory and is useful as one indicator of what may be observed in the future. It is not an exact indicator since it is an estimate.

The use of statistical probabilities to estimate the prevalence of a human condition generally involves a sampling methodology with a survey process. The Centers for Disease Control and Prevention and the state departments of public health use this methodology for the annual report on health behavior risk factors. The Office of Applied Studies (OAS) within the Substance Abuse and Mental Health Services Administration (SAMHSA) uses the methodology for the annual National Survey on Drug Use and Health (formerly the National Household Survey on Drug Abuse). Both of these surveys offer a rich source of detailed information about important health issues.

Estimation of the number of persons who may experience a mental illness within a specified time-frame (e.g. one year or lifetime) has been less standardized. Epidemiologists have published several studies related to the prevalence of mental illness, most notably the Epidemiology Catchment Area Studies (ECA) from the 1980s and the National Comorbidity Survey from the 1990s. Both of these studies are limited to specific age groups and do not adequately address prevalence in children or the elderly.

In 1998, William M. Mercer, Inc. was engaged to conduct a mental health needs assessment specifically for Indiana. Using the aforementioned national surveys and studies, prevalence rates for persons at or below 200% of the federal poverty level in each Indiana County were calculated. The income level restriction was chosen in order to provide data that would be useful to estimate the number of persons who, during one year, would be eligible for the Hoosier Assurance Plan (HAP). The HAP is a funding mechanism for the public mental health and addiction service providers within Indiana. There is significant variation between counties related to number of persons living in poverty, which results in significant variance in the number of persons who would be eligible for publicly funded mental health and addiction services. Therefore, the "prevalence" rates for each county in Indiana show significant variation. This is important for the Division of Mental Health and Addiction (DMHA) in order to strategically plan for the funding of services.

As Indiana moves toward transformation of its mental health and addiction services system, it is becoming important to look at prevalence of these disorders within the general population across all income levels. As noted in the Mercer report, the prevalence rates for the general population will be lower than the rates for the HAP eligible population since poverty is highly correlated with other social indicators for mental illness and addiction. Annually, nationally compiled data by State is available for addiction and co-occurring prevalence. However, the most recent national data for adults with serious mental illness and for children with serious emotional disturbance were published in 1999 and 1998, respectively. A new study for mental illness is anticipated for publication in calendar year 2006. Since the 1999 and 1998 published rates are required for use in the Mental Health Block Grant application, those rates are being used currently.

Prevalence Rates for the General Population

The Indiana Division of Mental Health and Addiction (DMHA) annually calculates and publishes prevalence of serious mental illness for persons aged 18 and over, co-occurring mental illness and substance use for adults, serious emotional disturbance for youth aged 9 - 17, and addiction disorders for persons aged 12 and over. For each of these groups, estimates of need are provided by county and region for persons eligible for Hoosier Assurance Plan (HAP) funding and for the general population. The county rates presented in the Mercer actuarial study are used for the HAP eligible population. For the general population the following rates are used:

Adults (aged 18 and over) with Serious Mental Illness	5.4%
Children aged 9 – 17 with Serious Emotional Disturbance:	
With Global Assessment of Functioning (GAF) of 50 or below	6.0%
With Global Assessment of Functioning (GAF) of 60 or below	10.0%
Adults (aged 18 and over) with Co-occurring SMI and Substance Use	23.2% of all adults with SMI.
Persons aged 12 – 17 with Addiction Disorders	10.69%
Persons aged 18 – 25 with Addiction Disorders	22.55%
Persons aged 26 and over with Addiction Disorders	7.49%

References:

Actuarial Needs Assessment for FY 99 Provider Contracts: Final Report, April 13, 1998, William M. Mercer, Inc.

Bourdon, K.H., Rae, D.A., Locke, B.Z., Narrow, W.E., & Regier, D.A. (1992). *Estimating the prevalence of mental disorders in U.S. adults from the Epidemiologic Catchment Area Study*. Public Health Reporter 107, 663-668.

Children with Serious Emotional Disturbance: Estimation Methodology. Federal Register, Vol. 63, No. 137, Friday, July 17, 1998, pp. 38661-38665.

Eaton, W.W., & L. Kessler (eds). *Epidemiology Field Methods in Psychiatry: The NIMH Epidemiologic Catchment Area Program*. Orlando, FL: Academic Press, Inc., 1985.

Epstein, J., Barker, P., Vorburger, M., & Murtha, C. (2004). *Serious mental illness and its co-occurrence with substance use disorders, 2002* (DDHS Publication No. SMHA 04-3905, Analytic Series A-24). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Estimation Methodology for Adults with Serious Mental Illness (SMI). Federal Register, Vol. 64, No. 121, Thursday, June 24, 1999, pp. 33890-33897.

Kessler, R.C., McGonagle, K.A., Zhao, S., Nelson, C.B., Hughes, M., Eshleman, S., Wittchen, H.U., & Kendler, K.S. (1994). *Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: Results from the National Comorbidity Survey*. Archives of General Psychiatry 51, 8-19.

Wright, D. (2004). *State Estimates of Substance Use from the 2002 National Survey on Drug Use and Health* (DHHS Publication No. SMA 04-3907, NSDUH Series H-23). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Understanding the Global Assessment of Functioning (GAF)

A concise summary of GAF scores may be found at the following web site:

<http://dpa.state.ky.us/library/manuals/mental/Ch22.html>